



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Financial Affairs Section / Analytical Unit 0576
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243
(615) 741-1633

**AGREEMENT TO MAINTAIN SPECIAL DEPOSIT
DUE TO NON-QUALIFIED REPORT OF EXAMINATION**

To Whom It May Concern:

Please accept this statement as official confirmation that:

_____, an insurance company seeking
(Name of Applicant Insurance Company)

Certificate of Authority in the State of Tennessee, hereby agrees that:

Prior to admission into the State the Company will place a Special Deposit, held in Tennessee for the benefit of Tennessee policyholders, of no less than \$200,000 market value in acceptable securities;

On or before March 1st of each year following admission, it will maintain this Special Deposit at the greater of \$200,000 or 50% of the Company's writings in the State of Tennessee;

This Special Deposit shall remain in effect until the Tennessee Insurance Division has reviewed a certified copy of a qualified Report of Examination, the Company's operations demonstrate the profitability of the business, and the Tennessee Division of Insurance terminates the Depository Agreement in writing; and that:

This Special Deposit is several and exclusive of any other depository requirements for admission and Certificate of Authority to do business in the State of Tennessee.

I, _____, hereby attest that I am qualified to confirm
(Signature of Officer of Company)

this agreement on behalf of the Company.

Sworn to and subscribed before me this

_____ day of _____, 20_____.

(Notary Seal)

(Signature of Notary)

My commission expires _____.